

U.S. Department of Justice
United States Marshals Service

PROC1SS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

PLAINTIFF

Federal Insurance Co., et al

DEFENDANT

AlOaida, et al

COURT CASE NUMBER

03-CV-6978 (SDNY)

TYPE OF PROCESS

Personal

SERVE (NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
Mohammed Sadeek Odeh

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code, 3

AT

CS-C'D St

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

J. Scott Tarbutton, Esq.
Cozen O'Connor
1900 Market Street
Philadelphia, PA 19103

Number of process to be
served with this Form - 285

Number of parties to be
served in this case

Check for service
on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Altern't Add-eSs4s. All
Telephone Numbers, and Estimated Times Available For Service):

Signature of Attorney or other Originator requesting service on behalf of:

LX PLAINTIFF

TELEPHONE NUMBER

DATE

☐ DEFENDANT

215-665-7255

6-2-04

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total
number of process indicated.
(Sign only first USM 285 if more
than one USM 285 is submitted)

Total Process

District
of Origin

No. 54

District
to Serve

No.

Sign. of Authorized USM Deputy or Clerk

Date

I hereby certify and return that I ☐ have personally served, ☒ have legal evidence of service have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

A person of suitable age and discretion then residing in the defendant's usual place of abode.

Address (complete only if different than shown above)

Date of Service Time am

10-29-04 1505 pm

Signature of U.S. Marshal or Deputy

Ray B. C...

Service Fee

Total Mileage Charges
(including endeavors)

Forwarding Fee

Total Charges

Advance Deposits

Amount owed to U.S. Marshal or

Amount of Refund

REMARKS:

2 hrs, see